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(City/State/Zip/Phone #)
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Certified Copies Certificates of Status
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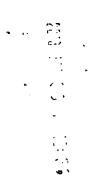
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I. HARRIS

COVER LETTER

SUBJECT: WRAP'S MEXICAN CARILLE
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael STRAM
Name of Person
WRAP'S MEXICAN GRILLE Firm/Company
1135 Commercial WAY
SPRING WILL F1. 34600
Its A WRAP BURRI to S@ acol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHANNON STRAM at (352) 684.7386 Name of Person Area Code Daytime Telephone Number
Name of Ferson Accorded Paytine Person Patition
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



January 2, 2018

MICHAEL STRAM 1135 COMMERCIAL WAY SPRING HILL, FL 34606

SUBJECT: WRAP'S MEXICAN GRILLE, LLC

Ref. Number: L15000132441

We have received your document for WRAP'S MEXICAN GRILLE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 818A0000054

RECEIVED
JAN 2 9 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LURAP'S MEVICAL CORPILLY

(Name of the Limited Liabil (A Florid	lity Company as it now appears of la Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Of Florida document number	Company were filed on	30 2015 and assigned
amendment is submitted to amend the following: "amending name, enter the new name of the limited liability company here: "amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation ELL.C." "" "" "" "" "" "" "" "" "" "" "" ""		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation. LL.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	gnation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		——————————————————————————————————————
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		- 5
•••		: · · · · · · · · · · · · · · · · · · ·
		ur records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	ed Agent:	
I hereby accept the appointment as registered agent	t and agree to act in this cap	pacity. I further agree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SHANNON STRAM	4377 Commercial Way 1135 Commercial Way SPRING HILL, F1340	_ □ Add
		SPRING HILL, F1340	Remove
			Change
			□ Add
			Remove
			🗆 Add
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i effectiv <u>te:</u> If t	date, if other that we date is listed, the date inserted in s effective date or	late must be specific this block does n	e and cannot be not meet the a	eprior to date of fil applicable statuto	ing or more than!	00 days after filin	g.) Pursuant	10 605.02 be listed
	d specifies a de		ed.				, on the	earlier
he 90	th day after th							
he 90	-	12	20	18				
he 90	-	12 Signature	20 Dof a member of	authorized repres	entative of a men	nber	• p	25 E
he 90	Jan. 2	12 And Francisco Chael	20 P	authorized repres	entative of a men	nber		280 000

Page 3 of 3

Filing Fee: \$25.00